



United States Environmental Protection Agency  
Washington, D.C. 20460

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>
31 <input type="checkbox"/>	32 <input type="checkbox"/>	33 <input type="checkbox"/>	34 <input type="checkbox"/>	35 <input type="checkbox"/>	36 <input type="checkbox"/>
37 <input type="checkbox"/>	38 <input type="checkbox"/>	39 <input type="checkbox"/>	40 <input type="checkbox"/>	41 <input type="checkbox"/>	42 <input type="checkbox"/>
43 <input type="checkbox"/>	44 <input type="checkbox"/>	45 <input type="checkbox"/>	46 <input type="checkbox"/>	47 <input type="checkbox"/>	48 <input type="checkbox"/>
49 <input type="checkbox"/>	50 <input type="checkbox"/>	51 <input type="checkbox"/>	52 <input type="checkbox"/>	53 <input type="checkbox"/>	54 <input type="checkbox"/>
55 <input type="checkbox"/>	56 <input type="checkbox"/>	57 <input type="checkbox"/>	58 <input type="checkbox"/>	59 <input type="checkbox"/>	60 <input type="checkbox"/>
61 <input type="checkbox"/>	62 <input type="checkbox"/>	63 <input type="checkbox"/>	64 <input type="checkbox"/>	65 <input type="checkbox"/>	66 <input type="checkbox"/>
67 <input type="checkbox"/>	68 <input type="checkbox"/>	69 <input type="checkbox"/>	70 <input type="checkbox"/>	71 <input type="checkbox"/>	72 <input type="checkbox"/>
73 <input type="checkbox"/>	74 <input type="checkbox"/>	75 <input type="checkbox"/>	76 <input type="checkbox"/>	77 <input type="checkbox"/>	78 <input type="checkbox"/>
79 <input type="checkbox"/>	80 <input type="checkbox"/>	81 <input type="checkbox"/>	82 <input type="checkbox"/>	83 <input type="checkbox"/>	84 <input type="checkbox"/>
85 <input type="checkbox"/>	86 <input type="checkbox"/>	87 <input type="checkbox"/>	88 <input type="checkbox"/>	89 <input type="checkbox"/>	90 <input type="checkbox"/>

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>Aggregates U.S.A. Coy Stone Plant, Limestone TN0071030</b>	Entry Time/Date <b>1:15 3-27-13</b>	Permit Effective Date <b>5-28-2008</b>
	Exit Time/Date <b>1:50 3-27-13</b>	Permit Expiration Date <b>5-27-2013</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Mr. Steve Cooke, Facility Manager 865-475-8943</b>	Other Facility Data (e.g., SIC NAICS, and other descriptive information) <b>Site active, No discharge was occurring at DMP 001</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Mr. Mike Freeman, Vice President Aggregates USA, LLC P.O. Box 15005 Knoxville, TN 37901 865-573-4501</b>	Processing stone from the Zinc Mines only	

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment
<input type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> MS4
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input checked="" type="checkbox"/> Storm Water
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Combined Sewer Overflow
		<input type="checkbox"/> Sanitary Sewer Overflow

### Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
<b>Robert M. Brooks</b> <i>Robert M. Brooks</i>	<b>WRM-SM 865-594-5548</b>	<b>3-27-13</b>
<b>Bruce Ragon</b>	<b>WRM-SM 865-594-5547</b>	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date